



**SELFWATCH QUIZ**  
**ARE YOU BEING BULLIED?**

CIRCLE YES OR NO.  
SHOW YOUR TEACHER OR PARENT  
DR JEAN HEALEY©

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MY NAME IS \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| 1. I am afraid of someone who is mean to me                  | yes | no |
| 2. I try to stay away from somebody I know                   | yes | no |
| 3. I am unhappy or sad or cry sometimes when they hurt me    | yes | no |
| 4. I sometimes need help to stop getting hurt                | yes | no |
| 5. I will not go to some places alone in case they are there | yes | no |
| 6. I get mean texts or messages from someone                 | yes | no |
| 7. Someone takes or breaks my things                         | yes | no |
| 8. Someone calls me nasty names                              | yes | no |
| 9. I sometimes gets hit by someone I know                    | yes | no |
| 10. I always feel afraid or scared of someone                | yes | no |
| 11. Someone says mean things about my family                 | yes | no |
| 12. I get hurt on the way to school                          | yes | no |

WHAT ELSE HAPPENS? \_\_\_\_\_  
\_\_\_\_\_  
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